H&W Overview:
Updated ICF/IID Guidelines –
What Do They Mean for Our Agency?

2015 ANCOR Conference: Ignite

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H&W INDEPENDENT SOLUTIONS
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- This training is NOT associated with the Centers for Medicare and Medicaid Services (CMS) in any way
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Focus

Overview of key changes, highlighting:

- Each CoP and many of the 55 Fundamental Regulations; ** denotes a fundamental CoP and Regulation
- Regulations with added policy and procedure expectations
- Changes in Surveyor Guidance for conducting surveys
- These are highlights only and do not represent all changes in the new IGs

Background

- 2009: Centers for Medicare & Medicaid Services (CMS) began updating the ICF/IID Interpretive Guidelines
- 2011: Initial draft shared with stakeholder organizations; feedback submitted to CMS
- 2014: Second draft shared with stakeholder organizations; reflected 2011 input; additional comments submitted
- January 2015 Advance IGs released by CMS
- April 27, 2015 Final and effective immediately

Why

CMS published revised ICF/IID SOM Appendix J – Interpretive Guidelines (IGs) in January 2015:

1. To clarify the intent of the Conditions of Participation (CoPs)
2. Updated to represent current standards of practice in the field
3. Move Compliance Principles, many probes and procedures from the IGs into an Exhibit in the SOM

Which Regulation IGs WERE NOT changed?

Governing Body: W115, W118

Client Protections: W139

Facility Staffing: W161, W162, W175-W178, W188

Active Treatment: W226, W265

Health Services: W357, W364, W377-W382, W387-W391

Physical Environment: W409-W413, W418, W432-W434, W452, W453

Dietetic Services: W471

Governing Body Facility Administrator

W103: Written verification designating who constitutes Governing Body

W105: Requires facility's Policies and Procedures to include the qualifications of the facility Administrator and a job description

W106: Requires the appointment of the Facility Administrator to be in writing

Governing Body
Records and Release of Information

W111: Individual records: Program plans for outside services; Activity plans and participation; Incidents; Progress summaries

W112: Records: Secured when staff not present; Contain signed confidentiality agreements for release of information for staff and consultants

W113: P/P for release of client information include: Who to be notified when records released; Assuring day services maintain confidentiality; Procedures to follow for subpoenas

Governing Body – W120**

- Programs/services must be coordinated between facility and outside service; foster consistency of implementation of teaching strategies and behavior management
- Monitor outside services on an ongoing basis to assure services are provided in a safe clean environment, by appropriately qualified professions, and any untoward outcome of services are promptly addressed

Client Protections**
W123

- If parents not active, other interested family should be informed regarding client rights
- *"In most instances, family means parent. However, in those instances where parents are deceased or choose not to be active in the client's life and there is another family member who does wish to be active, but is not the legal guardian, this family member should be informed of the client's rights."*

Client Protections
W124**

- If there are changes in treatment (medical or behavioral), client/family/legal guardian must be promptly updated
- Formalizes need for risk vs. risk and risk vs. benefit analysis
- If client refuses to participate, facility should assess the reason for the refusal; allows for involuntary discharge after all alternatives explored
- If family indicates they are not informed of changes in treatment, surveyors are to review the documentation to see if attempts to notify family were made

Client Protections
W126**

- Portions of the CMS July 10, 2009 S&C: 09-47-ICF/MR letter regarding money management are incorporated
- Every client of appropriate age is to have a money management objective based on CFA and IDT discussion or clear documentation of the IDT discussion
- IG includes prescriptive IDT discussion expectations and annual review by IDT

Client Protections
W127**

- Changed definitions for:
  - abuse
  - physical abuse
  - verbal abuse
  - psychological abuse
  - added definition for sexual abuse
- Definitions refer to intent and willful behavior
- Other clients identified as possible abusers
- See Handout at back of PPT for summary

Client Protections
W127**

- When patterns or isolated events regarding abuse occur without prompt facility identification and corrective action, the CoP would not be met
- "*Identification of patterns or isolated instances of physical, verbal, sexual or psychological abuse or punishment without prompt identification and corrective action by the facility would result in a non-compliance determination for this Standard and Condition level non-compliance*"

Client Protections
W129** & W130**

W129: Portions of CMS July 29, 2011 S&C: 11-34-ICF/MR letter re: video taping now in IGs (not allowed in bedrooms, bathrooms; due process required before installation)
NOTE: CMS January 30, 2015 S&C: 15-23-ICF/IID letter regarding audio taping now available
W129: Live feed (real time) monitoring has been added with same restrictions
W130: Whenever possible, facility should be sensitive to clients' preferences for same sex care in private settings

Client Protections
W132

- Definition of 'compensated' modified
- Participation in household tasks permitted as long as they are in the IPP with measurable criteria
- Clients volunteering to do real work must give informed consent
- Participation in household tasks is included in IPP
- When a client's active treatment program includes assignment to occupational or vocational training or work, objectives should be in the IPP

Client Protections
W140

- All purchases made using client funds must be itemized in the accounting record with the exception of pocket money (defined at $5.00 or less at a time)
- Adds guidance to surveyors to review monthly accounting records for those clients in sample

Client Protections
148**

- Families notified of **significant events** within 24 hrs
- If notification done via electronic mail, facility must request a response from e-mail to confirm receipt
- If unable to contact family or guardian, evidence needed that facility attempted to reach alternate emergency contacts
- Facility must be able to produce evidence that emails or telephone notifications actually occurred

Client Protections
W149

Eight (8) items the policies must address:

1. Screening potential employees
2. Training staff & clients on abuse/abuse prohibition
3. Reporting - how and to whom
4. Identification of suspicious bruising/injury occurrences, patterns, and trends that may constitute abuse/neglect
5. Injuries of unknown source
6. Varying investigative procedures for different types incidents
7. Protect clients from harm during investigations
8. Reporting in accordance with State laws

Client Protections
W153**

- Injuries of unknown source now defined in the IG (CMS March 18, 2011 S&C: 11-15-ICF/MR letter)
- Tracking of minor unknown injuries is expected and should be recorded with appropriate follow-up
- Immediate reporting of abuse, neglect, mistreatment and injuries of unknown source is required with no delay between awareness and reporting unless the situation is unstable;
- Reporting should occur as soon as the safety of all clients is assured

Client Protections
W154**

Thorough investigation includes *at a minimum:*

1. The collection of all interviews, statements, physical evidence, and any pertinent maps, pictures or diagrams
2. Review of all information
3. Resolution of any discrepancies
4. Summary of conclusions and
5. Recommendations for action both to safeguard all clients during the investigation **and** after the completion of the report

Client Protections
W154** & W157**

W154: Instructs surveyors to review 5% of all investigations for the last three months (but no less than 10)

W154: May do more if pre-survey information indicates need

W154: Further instruction is provided when patterns are identified

W157: The facility does not have to investigate abuse which occurs during family visits but must report the allegation to a state authority to investigate

Facility Staffing
W159: QIDP Coordinates Services

IG expands the examples of QIDP responsibilities

Those responsibilities include:

(1) Orchestrating all facets of the active treatment effort, including the IDT creation of relevant IPPs tailored to meet individual client needs

(2) Effectively coordinating internal and external program services and supports

(3) Promoting competent interactions of residential staff with clients

NOTE: See Handout in Toolkit for additional details of QIDP changes.

Facility Staffing
W167: Sufficient Professional Staff

- States there should be sufficient professional staff to:
  - Complete needed assessments
  - Provide needed services
  - Monitor outcomes
  - Consult with the IDT members as needed
- Updated IG shifts the focus to the implementation of the Active Treatment loop by professional staff as part of their responsibilities
- Instructs surveyors to review the IPP to ensure professional staff are providing interventions needed to meet client goals and objectives

Facility Staffing
W186**: Sufficient Staffing

- Modifies definition of sufficient staff to include adequate numbers to respond to emergencies, illnesses and injuries.
- Guidance specifies that active treatment may require more staff than the minimally required ratios and compliance should not be based on staffing ratios alone
- Surveyors instructed to clearly identify if an unmet need is:
  - The result of insufficient numbers of staff
  - Ineffective deployment of staff

CoP Facility Staffing
W187: Direct Care Staff Ratios

- As published, removes calculation examples of staff ratios
- IGs state: "***At all times on a "24-hour basis" the staff ratio must be 1 to 3.2, 1 to 4 or 1 to 6.4 based upon the client population"***
- **Per CMS, they will be publishing a Survey and Certification Letter that will reinstate the calculation information for W187**

Facility Staffing
W189: Staff Training

- Requires that employed staff receive a supported (***by a mentor and/or ongoing supervision)*** orientation program during their early employment period
- All staff are to receive continuing education addressing specific topics:
  - Abuse and neglect
  - Handling emergencies
  - Behavior management
  - Respect and dignity
- Surveyors told primary evidence is competent interactions between staff and clients

Facility Staffing
W190 – 192: Training – Skills

Specific training topics for staff regarding clients' developmental, behavioral and health needs:

- Use of positive reinforcement
- Providing informal opportunities to practice skills
- Use of adaptive equipment, communication devices and systems
- Training clients in appropriate replacement behaviors
- Signs and symptoms of the client's changing health (e.g. constipation, urinary tract infections, adverse drug reactions, as indicated)

NOTE: See IGs for more examples

Active Treatment**: W 196**: AT Program Each Client

- Increased focus on clients' self-expression, independence with valid and meaningful input through IDT and assessment process
- Emphasis on informal opportunities to practice new and existing skills during routine, daily experiences and interactions

"*Active Treatment programs are far more than implementation of discreet formal training sessions or programs that are conducted at prescribed times by defined personnel. Learning occurs in the process of the normal rhythm of life and life experiences."*

Active Treatment: Admissions/Discharge (W199 – 205)

- Requires that specific information useful in determining the facility's ability to meet the person's needs be gathered before admission
- IPPs should reflect objectives to prepare a client for discharge/transfers which usually take place over an extended period of time
- Provides prescriptive components for final summary of status upon discharge which should be useful in the client's new setting

Active Treatment: W 207 – W209** IDT Participation

W207: If a person's need is identified in CFA, associated professional staff conducts an initial evaluation for development of the IPP

W208: Expectation of QIDP coordination (with evidence) by residential and day support/school services to incorporate plans across settings

W209:** Client/family/legal guardian should not have to forfeit work time/pay to attend IDT meetings

Active Treatment: W 210 – W 225 CFA

- CFA components are more prescriptive
- Language added which instructs surveyors to determine whether client's documented functional status is consistent with what surveyors observe
- Assessments are completed with the use of age-appropriate materials and appropriate adaptations
- CFA evaluation(s) should include conclusions and recommendations addressing the development of an active treatment program for the client

NOTE: See CFA Handout in Toolkit for details.

Active Treatment: W 231: Objectives Measurable

- A new term has been introduced in the revised IG – "quantifiable data"
- Objectives are stated in a manner which permits it to be measured with quantifiable data
- *"**Quantifiable** criteria include various measurements of intensity and duration. For example, 'Client X will walk ten feet, with the use of her tripod walker, **on each of** five (5) consecutive days." [Bold added for emphasis]*

Active Treatment: W 239: Training Programs

- Increased emphasis on the importance of replacement behaviors *and*
- The IDT should develop associated training objectives for the client to develop more appropriate behaviors

"The objective for decelerating targeted inappropriate behaviors is not solely the reduction of these behaviors. The objective should also include the positive functional replacement behavior (adaptive behavior)."

Active Treatment:
W 240**: Interventions for Independence

- Requires that the IPP describe supports and services (in addition to the objectives) that assist the client in functioning with greater independence

"Appropriate materials, adaptations and modifications to equipment and the environment are available in order to promote and support training programs. Examples include…built up toilet seats, adaptive eating utensils, extended reach devices…."

Active Treatment:
W 249** & W260: IPP Implementation

W249:

- No delay in the development/implementation of IPP
- To promote team process/meaningful discussion, IPP development should take place during IDT meetings
- Any IPP objective or modification **that is critical to the health and safety** of client should be implemented immediately following IDT discussion

W260: Unlikely that an AT program will have no changes from year to year without documentation which concretely supports the lack of change

Active Treatment:
W 253: IPP Significant Events

- Further defines 'significant event' as it relates to a client's IPP
- The client record should contain documentation that such events are evaluated and monitored
- This definition includes issues related to:
  - Emotional health
  - Changes in functional status
  - Physical health
  - Accomplishments
  - Activities or needs which impact the CFA and IPP
  - Instances of abuse, neglect and mistreatment

Active Treatment: SCC/HRC (W261 – 265)

Key changes in role and function of HRC:

W261:

- Primary role to protect client rights by monitoring facility practices and programs
- Need evidence that committee members trained annually on specific topics
- Requires a quorum of members (as defined by the facility); quorum must include one person from each of the required categories

W263:** Consent for the entire program (not just the restrictive technique) is reemphasized

Client Behavior & Facility Practices** W267 – 273: Policies and Procedures

- These regulations address requirements for policy and procedure governing interactions between staff and clients *("management of conduct between staff and clients")*
- W267 IG states "*The primary survey emphasis is on the implementation of the polices and procedures by the facility.*"

NOTE: See Handout in Toolkit for details with revised and additional Policy & Procedure expectations.

Client Behavior & Facility Practices W272: Clients Role in P/P

- "*To the extent possible*" means clients are not excluded (from participation in the formulation of polices) due to schedule, intellectual or developmental level
- Documentation is needed to substantiate client involvement/participation in development of polices for interactions between staff and clients *("management of conduct between staff and clients")*
- Input can include client committees and house meetings, with documentation of discussions

W274 – W284: P/P for Management of Inappropriate Client Behavior

- Address what must be (or in some cases may be) in the policies and procedures for Management of Inappropriate Client Behavior
- IGs have a renewed emphasis on:
  - Using least restrictive technique
  - Staff knowledge
  - Facility monitoring
  - Supervisory oversight of the techniques used

Client Behavior & Facility Practices W289: Behavior Plan in IPP

- Behavior interventions are expected to be in IPP **and** based on results of functional behavioral assessment
- Allows for isolated/rare instances when a client exhibits **unexpected** behavior requiring immediate intervention
  - Least restrictive intervention must be employed and removed as soon as the client is no longer an immediate threat to self or others
  - The IPP team must then discuss the need for adding a behavioral plan into the client's program

Client Behavior & Facility Practices W295: Physical Restraint

Intervention using restraint must be part of an IPP. New IG details documentation needed when client behavior(s) requires use of physical restraints. Plan must include:

1. Specific client behavior
2. Less restrictive behavioral approaches used unsuccessfully previously
3. Hierarchy of measures to be used prior to physical restraint
4. Allowable type(s) of physical restraint for individual
5. Type of behavior(s) indicating client is sufficiently calm for release
6. Replacement behavior(s) necessary to reduce need for restraints

Client Behavior & Facility Practices W296: Emergency Physical Restraints

Physical restraint may be used as an emergency intervention only in situations where the client is exhibiting behaviors which:

- Client has not exhibited before;
- Behaviors exhibited were not identified in the functional analysis of behavior; or
- Client is harming other people or themselves

If repeated episodes, IDT to assess and IPP updated as needed

Client Behavior & Facility Practices W297: Health Related Use

- Must be used only when absolutely necessary and as last resort in order to deliver medical care
- Documentation needed when physical restraints are used for medical procedures (including less restrictive procedures attempted and any injuries)
- Written medical orders **should include**:
  - Reason the restraint was necessary
  - Type of restraint used
  - Length of time applied
- Specifically states prevention of self-injurious behavior (SIB) is not considered a medical restraint

Client Behavior & Facility Practices W310: Drugs Do Not Interfere…

Much IG was removed from this requirement

If surveyors observe individuals sleeping at work, programs or during recreational activities, there should be evidence that:

- Facility notified medical staff
- An assessment of client was completed including medication regimen
- Medical staff have made adjustments to address the issue as indicated

Client Behavior & Facility Practices W311: IDT Role for Drugs for Behavior

- Updates interpretation of orders for drugs which control client's behavior
- The necessity to use drugs will be determined by IDT
- IDT responsible for providing physician with sufficient information to prescribe appropriate drug (physician makes ultimate decision to order use of the drug)
- IG instructs IDTs to document any disagreement with the physician's order

Client Behavior & Facility Practices W312: Drugs part of IPP

- Language added regarding sedation during medical and dental procedures
- Clients/guardian have the right to choose sedation
- Facility cannot do routine administration of medication for sedation without client's or legal guardian's agreement/consent
- Must follow specific orders of healthcare practitioner
- Decisions must be made on an individual basis
- Clients who demonstrate severe anxiety around procedures should be considered for desensitization

Client Behavior & Facility Practices W312: Drugs part of IPP

Surveyor Guidance: If survey sample and/or drug review includes clients on drugs for behavior; check if:

1) Facility tried alternate measures before use of drug
2) Drug ordered for specific behaviors or DSM dx
3) Inappropriate behaviors are being monitored
4) IDT was involved in decision to use drug
5) Use of the drug was incorporated into the IPP
6) Comprehensive behavior plan includes efforts to reduce/eliminate targeted behaviors

Client Behavior & Facility Practices W315: Monitoring

New IG specifies that facility should have evidence that direct support staff are receiving information via IPP of:

- The behaviors to be observed
- The side effects associated with any medications
- The amount and types of documentation required
- Communication(s) with clinical staff

Health Care Services** W319 and W329: Physicians

W319:

- Staff are familiar with procedures for contacting a physician in the event of an illness or injury
- Written Agreement needed for facilities who use community doctors
- Contract physician should have some familiarity with the developmental disabilities community

W329: A physician needs to evaluate client at admission; cannot be done by "physician extender" (e.g. Physician assistant or Advance Practice Registered Nurse)

Health Care Services W332: Role of Nurses

- Clarifies extent of nurses role in the client's IDT
- For uneventful years medically (includes no medical concerns at time of IPP) nurse may submit written report unless IDT wants attendance
- For eventful year medically (unplanned hospitalizations or prolonged medical treatment) or if person has current concerns which could impact objectives, nurse should participate directly in IDT discussion

Health Care Services
W341: Role of Nurses

- Increases responsibility of nurses to participate in surveillance for and reporting of communicable diseases per CDC guidelines
- Requires nurses to teach and promote infection control through training and observations with clients and staff
- Should make periodic observations to ensure good infection control techniques are consistently used

Health Care Services
W342 & W344: Training and Nurses

W342: Directs nurses are to train direct care staff and ensure they demonstrate competency in detecting signs and symptoms of illness, injury or changes in clients' health-baseline

W344: If any nurses do not have experience working with individuals with intellectual disabilities, facility *should* provide a formal orientation period and on-going educational opportunities to increase their understanding of these individuals

Health Care Services
W346: RNs

- Rather than just a "formal arrangement", IG now requires a written agreement with an RN to provide consultation when LPNs or LVNs provide **all direct care nursing** for the clients
- Agreement must include expectations that the RN responds promptly to calls from the LVNs/LPNs and comes to the facility if/when necessary
- A back up RN must be available when the primary RN is unavailable
- Surveyors instructed to verify by reviewing documentation in client records

Health Care Services
W335 & W343: Nurses Licenses

W335: Requires nurses be licensed in the state in which the facility is located

W343: Instructs surveyors to verify licensing of a sample of current nurses (from role of current nurses) (up to 10 if 10 nurses employed but no more than 10 if more than 10 nurses employed)

NOTE: Although this is most likely part of personnel files, there is a new expectation that this information be made available to surveyors

Health Care Services
W350: Oral Hygiene Training

- Formal and informal training in maintenance of oral hygiene provided to those who require it and to staff who carry out the activity
- IPP should include assessment of client's ability to perform oral hygiene independently
- If client is not independent, there should be a program associated with this assessment
- Surveyors instructed to observe and interview staff if not following IPP and determine what training they received to assist clients with oral hygiene

Health Care Services
W351 and W352: Oral Screenings

W351: Adds expectation that an oral cancer screening be completed during a complete intraoral examination

NOTE: Previous IG language, (which has been removed under W354) included the phrase 'elimination of oral cancer'

W352: Requires that clients with no teeth receive an annual oral screen

Health Care Services
W369**: Medication Pass

- Removed detailed guidance on how surveyors conduct a medication pass (may be incorporated in updated survey procedures, now in development)
- Includes instructions to surveyors for sample size and timing:
  - Small (16 beds or less) facilities (total 8 doses)
  - Large (17 beds or more) facilities (total 12 doses)
  - Spread over two shifts

Health Care Services
W370 & W373: Medications

W370: A licensed nurse must oversee any administration of medications to clients by unlicensed persons and periodically evaluate the performance of these unlicensed persons

W373: Requires a written self-administration program which includes & explains the criteria staff use to:

- Verify client successfully completes all phases of his/her program
- Verify client continues to comply with all necessary requirements for self-administration

Health Care Services
W371**: SAM

- CMS 3/18/11 letter language added to IGs
- Establishes expectation facility will provide opportunities for the client, with supervision, to participate in the medication administration process
- Surveyors instructed to cite a deficiency at W247 if clients (who are not in need of formal training) are not provided opportunities to participate in medication administration process

Health Care Services
Preamble to W375: Med Errors

- Includes IG (there was no previous guidance) expectations that medications errors are/have been entered into the client's record. Record information must include:
  - What error was made?
  - Who was notified of the error?
  - What response was given by medical person notified?
  - What was physical condition of the client from the time of notification?
  - Does documentation include subsequent observations related to the error?

Health Care Services
W375: Med Errors

Any adverse reactions from medication the client experiences must be entered into client's record. Documentation to include:

- All complaints made by the client
- Observations made by the staff following the drug administration,
- Notification of medical personnel,
- Response of the medical personnel including any emergency actions that were required; and,
- All subsequent observations of the client's condition related to the adverse reaction(s)

CoP Physical Environment

W407 Housing: People of grossly different ages, functional levels, and/or social needs should not be housed together unless all of the following documentation supports the placement: Assessment; IPP; Staff documentation of response to training; QIDP notes

W416 Bedrooms: The medical care plan for each client housed in a room with more than four clients should indicate the need for continuous monitoring.

W422 & W423 Bedroom Storage

W422: Bedrooms have sufficient space to permit use of wheelchairs, walkers and other adaptive equipment should be provided within the bedroom

W423:

- Each client should have storage in their bedroom for their personal belongings. Clients should have free access to this storage without the assistance of staff
- If necessary for personal belongings to be locked due to the behavior of other clients, the client must still be provided free access to his/her own possessions
- Surveyors instructed to investigate other storage spaces if all client personal belongings are not in their room

CoP Physical Environment W436** – Adaptive Equipment

- The term "furnish" has been modified to clarify **once an assessment has identified the need** for adaptive equipment, the facility is responsible for obtaining or purchasing it
- The phrase "maintain in good repair" has been modified to clarify **the facility is responsible for any resulting expense that may be incurred**
- If a repair necessitates the client go without an item for more than a day, the facility must demonstrate the steps taken to minimize the negative effect

CoP Physical Environment W438 & 439 – Emergency Plans

W438:

- The emergency plan may include identification of transportation and alternative shelter needs in cases when the facility must be evacuated
- The emergency plan may incorporate state-specific emergency preparedness requirements
- Surveyors are instructed to interview staff regarding emergency exit plans to determine their familiarity

W439: Surveyors are instructed to interview staff about where emergency plans and procedures are located and how often and under what circumstances the plans are reviewed and updated

CoP Physical Environment W441 Varied Conditions

- IG now refers surveyors to the Life Safety Code NFPA 101, 2000 Edition (LSC)
- Chapter 32/33 expects that all clients living in that unit are capable of self-evacuation during an emergency and self evacuation should be practiced under varying conditions
- Chapter 18/19 requires drills that simulate emergency situations which familiarize facility staff with emergency actions. The general emphasis is upon training the staff
- Drills should be practiced under varying conditions including various times of the day or night and in various weather conditions

Note regarding Standard on Fire Protection W451

- There is extensive revised code of federal regulation language
- Some CFR regulations appear to be removed
- New CFR and IG language added that incorporates new Life Safety Code
- Encourage providers to review new language against old language with the LSC experts

Dietetic Services Meals

W467 & W468: Meals
- Allows for more flexibility
- Offer 3 meals but person can choose to not participate due to schedule conflict

W474: Food consistency modifications should be:
- Temporary
- Upgraded at the soonest possible time
- Reviewed at least annually for those with chronic medical or dental conditions

W475: Appropriate Utensils: Utensils and adaptive equipment that enable person to eat as independently as possible in accordance with their highest functional level

Dietetic Services
Menus and Dining

W479: Menu Adjusted:
- Use of seasonal foods
- Allows for cultural preferences that influence frequency with which a food appears on menu

W482: Meals in Dining Room
- Clarifies what is considered a dining room
- Individuals to each in dining room; unless medical or isolated instances

W485: Staff Supervise Dining
- Sufficient for programs/behaviors and no delays due to lack of staff

Dietetic Services
Dining

W487: Enough Food - Second helpings unless contraindicated by prescribed diet; facility resolves personal choice vs. health risks

W488: Meal Skills/Capability - Individuals receive training to develop independent skills consistent with their developmental potential as identified through comprehensive functional assessment

W489: Eat in Upright Position - All clients, including those fed via tubes, should eat in upright position unless physician documents medical necessity for another position and/or the IPP includes a program to teach the physical skill necessary to eat upright

H&W Webinar Series and Guide

- H&W four part webinar training series for ICF/IID Providers scheduled for June
- *H&W Guide to CMS 2015 Interpretive Guidelines Update for ICF/IID Facilities* available from H&W web site for purchase and download
- www.hwisolutions.com